1. OSD/WHS ORGANIZATION 2. SUB-ORGANIZATION 3. PROJECT CODE 6. CONTROL NUMBER 6. URGENT PROCESSING (% cone)  7. PERIOD OF PERFORMANCE 8. CONTRACT INFORMATION   YES /Attack justificational No   No    9. TYPE OF BUSINESS (% cone)	REQUEST FOR INFORMATION TECHNOLOGY (IT) GOODS AND SERVICES											
PERIOD OF PERFORMANCE   S. CONTRACT INFORMATION   TO   EXISTING CONTRACT NUMBER:   New CONTRACT	1. OSD/WHS ORGANIZATION	2. SU	JB-ORGANIZATION			. PROJECT CODE 4. CONTR		ONTROL N	OL NUMBER			
7. PERIOD OF PERFORMANCE PROM TO EXISTING CONTRACT INFORMATION PROM TO EXISTING CONTRACT MUMBER:  9. TYPE OF BUSINESS (X one) LARGE BUSINESS  10.a. PURCHASE CARD TYPE 10.b. PURCHASE CARD HOLDER 11.a. STATEMENT OF WORK (Exrect)  b. Does this action comply with the accessibility requirements of Section 508 of the Rehabilitation Act, as amended?  YES NO If No. address the exception in FAR Part 39.204 on a separate sheet.  c. Does this action procure goods or services for a mission entical or mission bumber used for registration with the DOC Dieth Information Officer.  (1) SYSTEM NAME 12. SYSTEM NAME 12. SYSTEM NAME 13. SYSTEM NAME 13. SYSTEM NAME 14. SYSTEM NAME 15. SECURITY STATEMENT SALE AND SERVICES 16. CONTACTS 17. CONTACTS 18. CONTACTS 18. CONTACTS 18. CONTACTS 19. SYSTEM NAME	5. TITLE OF REQUEST						6. U	RGENT PF	ROCESSING (X one)			
PROM   Description   Descrip								YES (Attac	ch justification) NO			
9. TYPE OF BUSINESS   X area	7. PERIOD OF PERFORMANCE 8. CONTRACT INFORMATION											
10.a. PURCHASE CARD HOLDER    MICRO   MAX    SYSTEMS AND SERVICES   ORGANIZATION	FROM TO	1			ACT NUN	MBER:			NEW CONTRACT			
MAXI   SYSTEMS AND SERVICES   ORGANIZATION		<u> </u>	LARGE			<u>L</u>	- I	RITY	WOMAN OWNED			
b. Does this action comply with the accessibility requirements of Section 508 of the Rehabilitation Act, as amended?    YES							DER					
b. Does this action comply with the accessibility requirements of Section 508 of the Rehabilitation Act, as amended?  VES NO If No, address the exception in FAR Part 33 204 on a separate sheet.  c. Does this action procure goods or services for a mission critical or mission essential IT system as defined in DODI 5000.2, Enclosure 2?  VES NO If Yes, provide below the System Name and Identification Number used for registration with the DoD Chief Information Officer.  III SYSTEM NAME  12 SYSTEM DAWMER  12 SYSTEM DAWMER  13. (X as appropriate)  INCOMING MIPR  INCOMING MIPR  UUTGOING MIPR  UUTGOING MIPR  INTER AGENCY AGREEMENT  14. APPROPRIATION INFORMATION  a. APPROPRIATION INFORMATION  a. APPROPRIATION INFORMATION  a. APPROPRIATION OF YELLOW CALLS  CLASS  D. COSLECT  CLASS  CLASS  INCOMING MIPR  15. SECURITY STATEMENTS  a. This service, equipment and/or software meets the security requirements of DoD Director's 2500.28 and fits applicable supplement(s).  b. SECURITY STATEMENT (Select from Instructions)  16. SHIP TO (Include complete mailing address)  TELEPHONE NUMBER (Incl. Area Code):  17. DCC-W: Send copy of the contract or Delivery Order to the following e-mail address:  18. COORDINATION  19. APPROVAL. Approval includes the certification of the accuracy of the security statements in Item 15.  WHS COORDINATION  PRINTING MIPS (Complete mailing address)  19. APPROVAL Approval includes the certification of the accuracy of the security statements in Item 15.  WHS COORDINATION  ASSENTANTING (COM)  C. POINT OF CONTACT  19. APPROVAL Approval includes the certification of the accuracy of the security statements in Item 15.  WHS COORDINATION  ACCRETIFICATION (All requests). Sufficient funds are allocated to the appropriate organization account to cover the amount indicated.					SY	STEMS AND SERVICES		ORGANIZA	ATION			
VES	11a. SIAIEMENT OF WORK (Extract)											
C. Does this action procure goods or services for a mission critical or mission essential IT system as defined in DODI 5000.2, Enclosure 2?  YES NO II Yes, provide below the System Name and Identification Number used for registration, with the DoD Chief Information Officer.  (1) SYSTEM NAME  12.8 RECOMMENDED SOURCES  B. CONTACTS  C. PELEPHONE  (2) SYSTEM PROVIDED SOURCES  B. CONTACTS  C. PELEPHONE  (3) INCOMING MIPR  OUTGOING MIPR  OUTGOING MIPR  INTER-AGENCY AGREEMENT  14. APPROPRIATION INFORMATION  15. SECURITY STATEMENTS  A. This service, equipment and/or software meets the security requirements of DoD Directive 5200.28 and its applicable supplements).  b. SECURITY STATEMENT (Select from Instructions)  18. COORDINATION  (1) Name (Lest, Finst, Middle Initial)  18. COORDINATION  (1) Name (Lest, Finst, Middle Initial)  19. CONTRACTING OFFICER REPRESENTANTIVE (COR)  C. POINT OF CONTACTING OFFICER REPRESENTANT (COR)  PRINCIPAL OF THE PROPOSAL APPROVAL. Approval includes the certification of the accuracy of the security statements in Item 15.  WHS CORDINATION (All requests). Sufficient funds are allocated to the appropriate organization account to cover the amount indicated.							Act, as	amended?				
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12a. RECOMMENDED SOURCES   b. CONTACTS   C. TREEPHONE   d. E-MAIL	<b>⊢</b>					•			•			
122. RECOMMENDED SOURCES b. CONTACTS C. ITELEPHONE INFORMATION INFORMATION INFORMATION  13. (X as appropriate) INCOMING MIPR OUTGOING MIPR INTER-AGENCY AGREEMENT  14. APPROPRIATION INFORMATION  15. SECURITY STATEMENTS  16. SHIP TO (Include complete mailing address)  15. SECURITY STATEMENTS  2. This service, equipment and/or software meets the security requirements of DoD protective 5200.28 and its applicable supplement(s).  2. This service, equipment and/or software meets the security requirements of DoD protective 5200.28 and its applicable supplement(s).  3. TELEPHONE NUMBER (Incl. Area Code):  17. DCC-W: Send copy of the contract or Delivery Order to the following e-mail address:  18. COORDINATION (1) Name (Last, First, Middle Initial) (2) Telephone (Last, First, Middle Initial) (2) Telephone (Last, First, Middle Initial) (2) Telephone (Last, First, Middle Initial) (3) Signature (4) Date Signed (4) Date Signed (4) Date Signed (5) Security REVIEW (COORDINATIOR (5) Security Statements in Item 15.  3. ASSISTANT/DESIGNEE (2) Sufficient funds are allocated to the appropriate organization account to cover the amount indicated.	, , , , , , , , , , , , , , , , , , , ,		-,									
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(1) Signature (2) Date Signed												
	·	. Sufficient	funds are	allocated to th	e approp	riate organization acc	count to	cover the				

# **INSTRUCTIONS FOR COMPLETING DD FORM 562**

- Item 1. Enter the organization name that is requesting and approving this request.
- **Item 2.** Enter the sub-organization that this request is for, if the component tracks funding at the sub-organization level.
- Item 3. Enter project code for RDT&E or procurement projects. This consists of a two-digit fiscal year identifier, a two-letter organization identifier, a three-digit organization identifier, and a sequential number assigned by your organization to identify the project. For example: 03AT3102 identifies project number two for fiscal year 2003 for OUST(AT&L).
- Item 4. The control number consists of the current fiscal year, a two-letter organization identifier, a three-digit organization identifier, a dash, and a number sequentially assigned by the organization to identify the specific request. For example, 01AT310-08 identifies the eighth request for fiscal year 2001 from OUSD(AT&L). All modifications to existing actions should use the original control number followed by a dash and a sequential number (Example: 01AT310-08-1).
- **Item 5.** Enter descriptive title of the requirement. If an amendment, so indicate ("Amendment to add funds...").
- Item 6. X discriminately as it will supplant the servicing of all other actions. Written justification from Information Technology (IT) Manager must be attached or sent via e-mail to DIOR/Systems and Services (S&S) to justify priority processing.
- **Item 7.** Enter requested period of performance to reflect start/completion dates for contractor services.
- **Item 8.** X appropriate block and enter existing contract number if applicable.
- Item 9. X type of business, if known.

### Item 10

- a. X Micro or Maxi to indicate Purchase Card Type.
- b. X appropriate Purchase Card holder.

### Item 11

- a. Enter a brief synopsis of items/services being requested. Also use this block for any special instructions, i.e., outgoing MIPR address.
- b. Indicate whether or not the requirement complies with Section 508 of the Rehabilitation Act, as amended. If not, address the exception in FAR Part 39.204 in Item 11.a. or on a separate sheet.
- c. Indicate whether or not the requirement is for a mission critical or mission essential Information Technology (IT) system as defined in DODI 5000.2, Enclosure 2. If yes, enter the system name and identification number used for registration with the DoD Chief Information Officer (CIO).
- **Item 12.** Enter recommended sources, contacts, telephone numbers, and e-mail addresses and attach quotes from these sources, if appropriate.
- **Item 13.** X if incoming MIPR, outgoing MIPR, or an Inter-Agency Agreement.

Item 14. Indicate the appropriation (e.g., O&M, Procurement, RDT&E), object class, fiscal year, dollar amount, fund cite if other than WHS IT funds, and incoming MIPR number, if applicable, for this request. The dollars shown should match the total of all items listed on the DD 562-1. Multiple appropriations may be shown on the same DD 562.

## Item 15.

- a. This block contains the required security statement.
- b. Select and enter one of the security statements shown below:
- (1) "Contractors require access to classified areas or information. DD Form 254 (Department of Defense Contract Security Classification Specification) previously completed for contract number DASW01-XX-X-XXXX."

This statement is used for maintenance or other services for which contractors require access to classified information or unescorted access to classified areas and there is a current DD Form 254 on file in the PFPA.

(2) "Contractors require access to classified areas or information. See attached DD Form 254."

Use when contractors require access to classified information or unescorted access to classified areas and there is no current DD Form 254 on file in the PFPA.

(3) "Contractor does not require access to classified information or systems."

Use for maintenance, software or other services not requiring access to classified data.

(4) "Software has a written guarantee and does not degrade security."

Use for the purchase of commercial off-the-shelf (COTS) sortware for use on a classified system.

- (5) "Software has a written guarantee."
  Use for the purchase of COTS software that will be used on an unclassified system.
- **Item 16.** Enter complete shipping address, including nine-digit ZIP Code, and telephone number.
- **Item 17.** Enter the e-mail address of the person to whom Defense Contract Command Washington (DCC-W) should send an electronic copy of the contract or delivery order.

### Item 18

- a. Enter reviewer's name, phone number, and signature. PFPA security reviews must be completed prior to submission of the DD 562 to WHS/DIOR/S&S.
- b. If the contractual vehicle is an S&S managed contract, enter the appropriate S&S Contracting Officer Representative (COR)'s name and phone number. If not, use organization COR for this action.
  - c. Enter Point of Contact information.
- Item 19. The signature of the WHS Chief Information Officer (CIO) or OSD Principal Assistant or Designee certifies the accuracy of the security statements in Item 15 above, in addition to approving the action.

Note: A memorandum designating authority to approve DD 562 actions must be on file in S&S.

Item 20. DIOR/S&S use only.

REQUEST FOR INFORMATION TECHNOLOGY (IT) GOODS AND SERVICE (Continuation)							PAGE OF					
1. OSD/WHS ORGANIZATION			ATION	2. CONTR								
3. GOODS/SERVICES REQUESTED												
a. B. C. ITEM COMP CLIN CODE			d. ITEM DESCRIPTION	e. QUANTITY		g. Unit price	h. AMOUNT					
	1	1				i. TOTAL						